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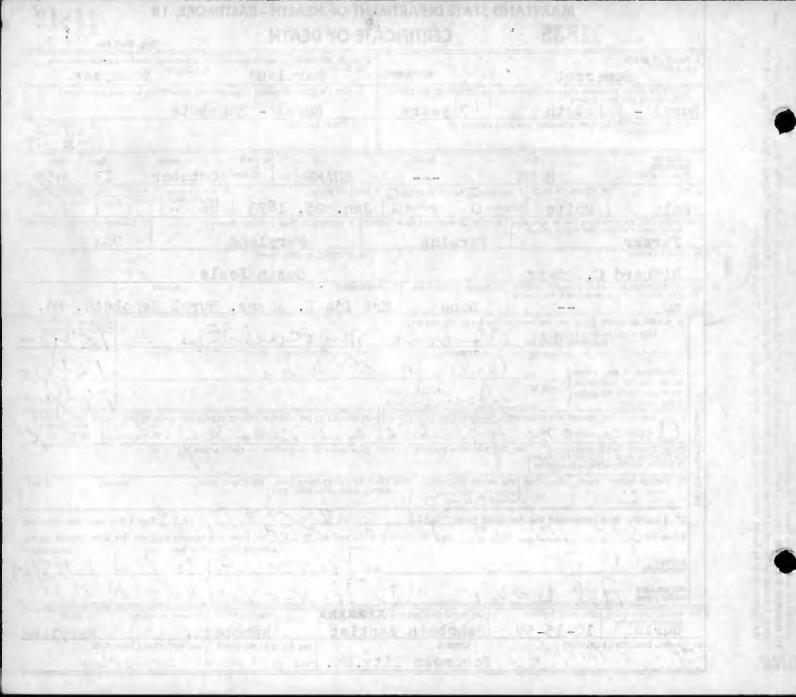
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Rea. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] p. COUNTY b. COUNTY MARYLAND Maryland Somerset Somerset b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) - Rehobeth Rural - Rehobeth vears d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First 4. DATE Middle Lost Month Year Day (Type or print) ROME **ADAMS** DEATH 1959 October 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years Bo yn Months Days Hours Male WIDOWED [DIVORCED | Jan. White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA Farming Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard C. Adams Susan Beale 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Ida Rural Rehobeth. no none Adams. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise to immediate **DUE TO** cause (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY YES TO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) Haur a. ft. While Not while of work of work p. m. 21. I certify that lattended the deceased from Zithat I last saw the deceased alive on / that death 7M, from the causes and on the date stated above. occurred ADDRESS (Street, city or town, ACTUAL PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY CO. O. O. DO. 22d. LOCATION (City, town, or county) (Stote) Rehobeth Baptist Rehobeth. 23. FUNERAL DIRECTOR'S, SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Pocomoke City, Md. arthur S. Kraus DATE OCT 1 9 '59



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CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEA	ATH BUT NOT RE	ELATED TO THE T	ERMINAL	DISEASE CON	NOITION	GIVEN IN	PART I(a)	19. WAS AUTOPS PERFORMED? YES NO
	20a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [206. CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY O	CCURRED, (Enter	r nature of injur	y in Part I	or Part II af	item 1B.)		
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	21. I certify th alive an	at I attended the decorate 24	,-,	death accui	1954, to	12 M.		causes	and an		w the decease e stated abov DATE SIGNI
Ш	PHYSICIAN'S NAME (Type)	C. G. Rawley	r, M. D.			Crisi	field,	Md.			
220.	BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMI				LOCATION			ly)	(State)
	- WA SOLL	Oct. 27, 19	59 Sunnyride	e Cemet	ery		Crisfi	eld,	Md.		

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TO HOSPITAL OF

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CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY SOMERSE T	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MAR. YLAND b. COUNTY SOMERSE T
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CRISFIELD	e. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 CRISFIELD
d. NAME OF HOSPITAL (If not in hospital, give street of EDW NOTIFICION MCCREADY MEM	10.HOSP.	d. STREET ADDRESS 311 MYRTLE STREET S IS RESIDENCE ON A FARM YES ON NO
3. NAME OF DECEASED (Type or print) SUE	Middle Ida	EVANS DEATH OCTOBER 27 19
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	TED THE MERKINED	MARCH 6, 1872 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 If UNDER 3 Hours Miles of Control of Con
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE (KIND OF BUSINESS OR INDUS Own home	11. BIRTHPLACE (Stote or foreign country) MAR YL AND 12. CITIZEN OF WHAT COUNT U. S. A.
13. FATHER'S NAME Henry Hardester		14. MOTHER'S MAIDEN NAME Alice Lowe
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) No (If yes, give wor or date of service) No None		LENWOOD EVANS, CRISFIELD, MD.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stoting the under- lying cause lost. PART II, OTHER SIGNIFICANT CONDITIONS C 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOM PERFORMED YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While	NURY OCCURRED 20e. PU	D. (Enter noture of injury in Port 1 or Port II of item 18.) ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Statest, affice bldg., etc.)
21. I certify that I attended the decease alive an Co of 27, 19	ed fram.	ADDRESS (Street, city or town, stote) CRISFIELD, MD. CRISFIELD, MARYLAND
220. BURIAL, CREMATION, 22b. DATE THEREOF DET 1a. Specify) Oct 30, 1959	22c. NAME OF CEMETERY OF Sunnyridge Co	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons, Crisfiel	ADDRESS	DATE NOV 2 '59 24b. REGISTRAR'S SIGNATURE CITTLE & Kingle

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William H. James Jr. Princess Anne, Md

CERTIFICATE OF DEATH

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Or	iole			IO Year	¹g _	Or	iole						
d. NAF	ME OF HOSPITA	AL (If not in hospital, g	jive street	address)		d.	STREET ADDRESS					ON /	SIDENCE A FARM?
3. NAME DECEA	OF	Fir	st	Middl	e		Lost	4. DATE	Mor	ith	De	ay	Yeor
	or print) E	rnest		Sidney		Fi	elds	OF DEATH		IO.		29	19 50
S. SEX		6. COLOR OR RACE	7. MARI	RIED NEVER MARR	IIED 🔲	B. DATE	OF BIRTH		9. AGE (In years lost birthday)				DER 24 HRS.
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13. FATHE	R'S NAME					14. A	AOTHER'S MAIDEN N	NAME					
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Z ===	PART H. OTHI	ER SIGNIFICANT CON		CONTRIBUTING TO DE	EATH BUT	NOT RE	LATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PA	RT I(o)	19. WAS	AUTOPSY
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E 20a. /	ACCIDENT WAS	UNDERLYING [20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter	nature of injury in I	Part I or Par	rt II of item 18.)			120 [_	1 .36 [7]
OR CO		UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)			1-2								
	Hour o. m. p. m.	Month, Day, Yes	While	NJURY OCCURRED Not while t of work	foc	ACE OF clory, sir	INJURY (Home, form eet, office bldg., etc.), i 20f. (Cil)	y or lown)		(County)		(State)
21. 1	certify the	at I attended the	deceas	ed from 2-1	0-56		19 la 1	0-29	59 19	that I	last s	nw the	decense
		0-29-59	. 19				rred at 3p						
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	AL, CREMATION	I, 226. DATE THEREO	F	22c. NAME OF CEA	AETERY O	R CREM	ATORY	22d. LOCA	TION (City, town,	or county)		(Sto	te)
	OVAL (Specify)	11/1/59)	St Paul	1.			Mt	Vernon	Mar	vla	nd	
-	AL DIRECTOR'S	SIGNATURE		ADDRESS			740 PEC"		TRAP 245 REGI	-			

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D FUNERAL DIRK OR: After this certificate has been signed by the attending physician and completely filled in by the corol director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, crematian, or removal, and in any event within 72 flours after death. death. Page 4 CTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of he hospital ar attending physician. TO HOSPITAL OR TO FUNERAL DIR VS A1S (4) 15M 10/S7

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Reg. Dist. No.

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- 1	NAME OF DECEASED	First		Middle	T		Losi	4. DATE OF DEATH	Mon		Doy Year
	Type or print)	<u> </u>			Hor				Octo		1959
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	no				Ed	ith I	Horne	r, R.F.	D. Pri	nces	s Anne
	18 CAUSE OF DEA	TH Enter only one cou	se per lis	ne for (o), (b), and (c).]							INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY		bdominal	200.0	200	area.				ONSET AND DEATH
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L CERT	OR CONTRIBUTING	☐ CAUSE OF DEATH	00 003	ENIBE NOW INJUNT OCC	ORKED.	Truses 11010	ire or injury	THE POST OF THE	OI (10111 10-1)		
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	PHYSICIAN'S NAME (Type)	Ever	e t t	C.Sutter	MD						
220	BUR AL, CREMATION			22c NAME OF CEMET		CDEMATOR	·	22d LOCATION	V (City town	or county)	(Stote)
1	REMOVAL (Specify)	10/9/59		Asbury C			,		Vernor		1
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may be retained. The haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with

VS A15 (4) 1SM 9/SB

page 3 should be detached for use as the burial-transit permit. Then please remove carban papers, the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

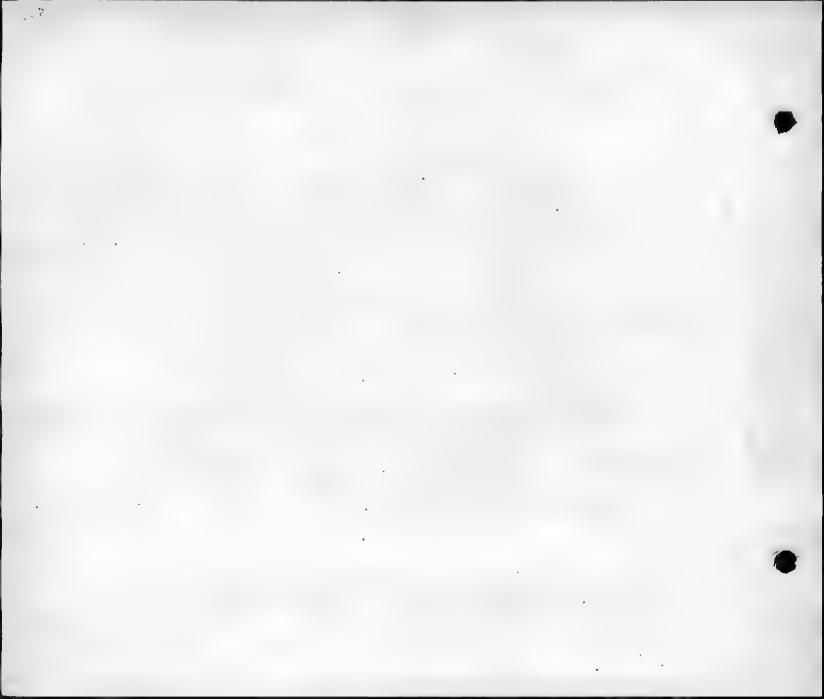


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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deaty is necretary please execute the central structures and 3 to the funeral characters. Page is a should be for a world the Medical Examiner's Office along with form PM3. Page 5 may be retained to your files.	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health. "ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.
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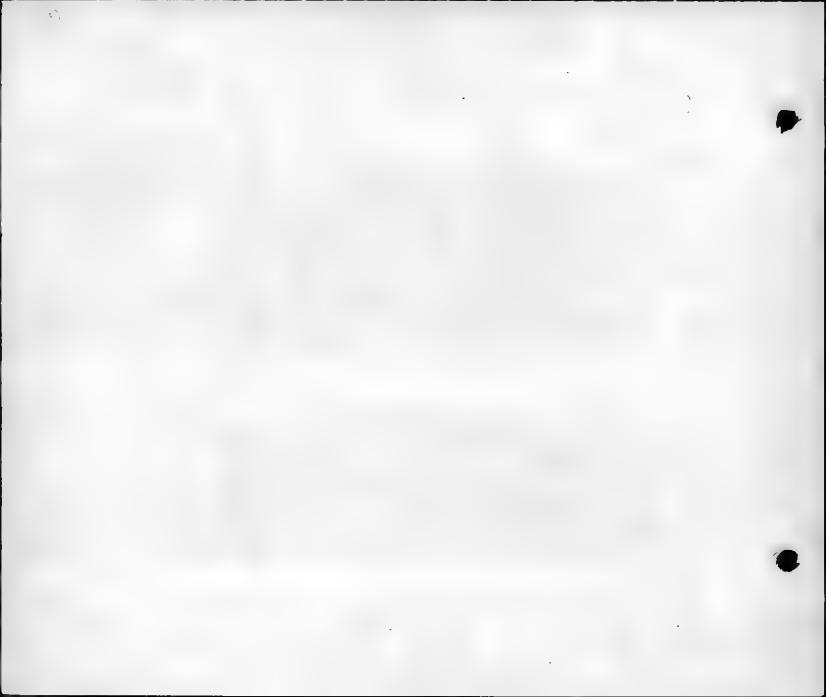
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b. CITY OR TOWN It outside corporate limits, write RURL end give received foreign. Princess Anne d. NAME OF HOSPITAL OR INSTITUTION (if not a hospital, give street address) 3. NAME OF DECEASED (Type or print) First Middle Charmaine Jackson April 13, 1948 P. AGE (in years lifety) WIDDOWED DIVORCED RETHRIAGE (Steets or foreign print) December 1948 Description of foreign printing in the print of the print o	Somerset RAL and give nearest lown) Route 3
b. CITY OR TOWN IT outside corporate Lends, write RURAL end give nearest town. b. CITY OR TOWN IT outside corporate Lends, write RURAL end give nearest town. Princess Anne d. NAME OF HOSPITAL OR INSTITUTION (if not a hospital, give street address) 3. NAME OF DECEASED (Type or print) Phylis Charmaine Jackson 6. COLOR OR RACE 7 MARRIED NEVER MARRIED April 13, 1948 P. AGE (in your life of the print) 9. AGE (in your life of the print) 100, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (State or foreign country)	RAL and give nearest town)
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3. NAME OF DECEASED (Type or print) Phylis Charmaine Jackson Cole WIDOWED DIVORCED April 13, 1948 PAGE (In years Included) DIVORCED April 13, 1948 P. AGE (In years Included) Month Of Death October P. AGE (In years Included) Month October P. AGE (In years Included)	a S RESILIEN
OF DECEASED (Type or print) Phylis Charmaine Jackson OF DEATH October 5. SEX Fethale Cole Widowed Divorced April 13, 1948 P. AGE (in years life under the print) Phylis Charmaine Jackson OF DEATH October Age (in years life under the print) Print of the print of the print of work done 10b. Kind of 805 iness or Industry 11 Birthplace (Stole or foreign country) Industry 11 Birthplace (Stole or foreign country)	YES NO
(Type or print) Phylis Charmaine Jackson DEATH October 5. SEX Female Col. WIDOWED DIVORCED April 13, 1948 P. AGE (In your life United Divorce) April 13, 1948 Female Col. WIDOWED DIVORCED April 13, 1948 The index of print Divorce Divo	Day Year
Female Col. WIDOWED DIVORCED April 13, 1948 Thirday yrs Mai	23, 19 5
10p. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)	UNDER TYEAR IF UNDER 24 HR
10p. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)	anths Days Hours Min
during most of working life, even if retired) School child Princess Anne, Maryland	12. CIT ZEN OF WHAT COUNTS
13. FATHER'S NAME	to the same of the
Walter Oatis Jackson Agnes Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address	
(Yes. no. or officer) (I' yes. give wor or doles of service) Carroll Jackson - Princess Anne	e Mamrland
IB CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (c). } FART I, DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO	INSTANT BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (b) Automobile Accident (o), sloting the underlying cause lost. (c)	
	IN PART I(a) IP. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II 200. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING D Automobile Accident - Highway 13 and Junction	1 363
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bidg. etc.) Hour e. m. Oct. 23, 1959 of work of work 10:20p. m. Oct. 23, 1959 of work 10 work 13	(County) (State) -Somerset- Md.
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XX Ir	nquiry XXI, ond in m
opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermin	
ACTUAL ROLL ROLL BIONATURE REDICAL EXAMINER D	DATE SIGNED
ASSISTANT MEDICAL EXAMINER	10/26/59
EXAMINER'S R. H. Johnson, M.D. DEPUTY MEDICAL EXAMINER KK	
220 BURIAL, CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or countries of the coun	ounty) (State)
Burial 10/28/59 John Wesley Cemetery Princess Anne,	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'O BY REGISTRAR 246 REGISTRAR	R'S SIGNATURE
Billiam fr Dereses Having the Come Tour OCT 28'59	Talling & Finance

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18







ADDRESS

24b. REGISTRAR'S SIGNATURE

Claring & Trace

24o, REC'D BY REGISTRAR

O E O G VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

Bradshaw & Sons, Crisfield, Maryland

death



VS A15 (4) 15M 9/58

1832	CERTIFICATE O	F DEATI

	11832	CERTIFICA	TIL OI DEA!	**	Reg. Dis	t. No.
PLACE OF DEA	Somerset	MARYLAND	2. USUAL RESIDENCE (V		COLD ITS C	e befare odmissian) Preet
b. CITY OR TO RURAL and	OWN (If outside carporate limits, write give nearest town) Cristield	Lifetime	The state of the s	i autside carporate Irm risfield	its, write RURAL and g	ive nearest town)
	HOSPITAL (If nat in haspital, give stree		d. STREET ADDRESS	. Somerset	Ave.	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	MARIAN	Middle V •	TAWES	4. DATE OF DEATH	Manth October 17	7, Year 19 59
5 SEX Fema.		VED DIVORCED	B. DATE OF BIRTH March 22, 1	874 8	A 41. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Doys Hours Min.
during mast a	UPATION (Give kind of work done of working life, even if retired)	Own home	STRY 11. BIRTHPLACE (Sto			EN OF WHAT COUNTRY? JSA
13. FATHER'S NA	WE		14 MOTHER'S MAIDEN	NAME		
1	Charles Matth	ews	Mary Ma	tthews		
15 WAS DECEAS (Yes, no, or unknown) NO	ED EVER IN U.S. ARMED FORCES? 16 (If yes, give wor or doles of service) None		nformant rs. Wm. T. S	terling, C	Address risfield, l	/d.
gave rise	to immediate tating the under:	terros con es	us 77 11	tail T	7 1	4 84
SE 200. ACCIDE	II. OTHER SIGNIFICANT CONDITIONS (1) 206. DE UTING 206. DE UTING CAUSE OF DEATH		Ascand w	e Con	- 152 1000 4	1(a) 19 WAS AUTOPSY PERFORMED? YES NO [
20c. TIME OF	OTIFY MEDICAL EXAMINER) INJURY Month Day, Year 20d. a. m. Whil	1 1 -	ACE OF INJURY (Home, fo		(C	ounty) (State)
alive an_	fy that I attended the deced	in and that death	M.D. 33	ADDRESS (Street, ci	auses and an the ty ar tawn, state)	date stated above DATE SIGNED
NAME (Type	MAT ON, 225 DATE THEREOF	22c. NAME OF CEMETERY O	DR CREMATORY		Lity, town, or county)	(State)
	ECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR	24b. REGISTRAR'S SIG	
Bradsh	aw & Sons, Crisfie	eld, Md.	DATED	CT 2 2 '59	C -1 wa 8, 9	Trans



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the centre, writing the ward "pending" in pending in them, 18. Give Pages 1, 2, and 3 to the funeral difference 4 should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for any files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bookd-of-Adealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	-1-1-04							Keg. U	SY, PO.	
PLACE OF BEATH							ased lived if inst			e admiss on}
Som	erset		MARYLAND	o. \$1	ATE Maryl	and	b. COUN	Wico	mico	V
b. CITY OR TOWN jit of and give nagrest town)		RURAL	c. LENGTH OF STAY IN 16	c. C	TY OR TOWN (If outside co	rparate limits, wri	le RURAL and	give nee	rest town)
Eden			2 days		Fru	itlan	ã	SAX		
d. NAME OF HOSPITA	& OR INSTITUTION (I	If not in hos	pitat, give street address)	d. S	REET ADDRESS				1	ON A FARMP
3. NAME OF DECEASED (Type or print)	Fire Ar	cell	Middle	Tay	lor	4 DATE OF DEATH	Octobe	_	Doy	Yeor 19 59
5. SEX	6. COLOR OR RACE	7 MARRIE	D NEVER MARRIED				9. AGE In years log (purhday)	IF UNDER	-	UNDER 24 HKS
Male	Colored	WIDOWEL	DIVORCED 🔲	June	24,1915)	Lili yn		Days H	Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	done 10b. K	CIND OF BUSINESS OR INDUS	TRY 11. 8	RTHPLACE (Stot	e or foreign	country)	12. CITIZ	ZEN OF Y	WHAT COUNTRY
Labor	ine, even in temper	Dul	lany Canning C	Co. G	eorgia			U.	S.A.	
13. FATHER'S NAME				14. MO	HER'S MAIDEN	NAME				
/ Lew	is Thomas	Taylo	r	Qu	een Jen	kins				
15. WAS DECEASED EVE		RCES? 16.		INFORMAL	eT T		Addre	21		
	, , , and , and a contract of	,	Le	wis T	homas-	Rt.2	Bridget	on. Ne	w Je	rsev
	H [Enter only one cau		for (a), (b), and (c).]				_		INTERVAL ONSET A	L BETWEEN
PART I. DEATI	H WAS CAUSED BY: IMMEDIATE CAUSE (0)	Guns	shot wound of	head					lins	tant
/* · · · · · · · · · · · · · · · · · · ·	DUE TO									
Conditions, if on										
gave rise to immedi (a), stating the u										
couse lost.	(c).							·		e
PART H. OTH	ER SIGNIFICANT CON	DITIONS CO	DITRIBUTING TO DEATH BUT	NOT RELAT	ED TO THE TERM	MINAL DISEA	SE CONDITION G	VEN IN PART		WAS AUTOPSY PERFORMED? S X NO
	SE WAS TRIBUTING ()	6 DESCRIBE	HOW INJURY OCCURRED	(Enter notur	e of injury in Pa	ort I or Port	It of item 18)			
20c. TIME OF INJUR	Y Month, Doy, Yeo	While	NJURY OCCURRED 20e PL/ Port of work of	ACE OF IN.	URY (Home, for office bldg., etc.	m. 20f. (Ci	ty or town}	{Cou	niy)	(Stote)
21. I certify the	at I taok charge	of the r	remains described abo	ave, hel	d an Autap	sy XI.	Inspection IX	, Inquir	y KI.	and in m,
			auses []. Accident			-	e 🗓, Under			
ACTUAL SIGNATURE	It to he	wo	<u></u>	M.D.	HIEF MEDICAL E	_	-			10/59
EXAMINER'S R	. H. Johnson	on. M	D.		SSISTANT MEDIC EPUTY MEDICAL					
220. BUR AL, CREMATION REMOVAL (Specify)		and the de or	22c. NAME OF CEMETERY OF				ATION (City, town	er county)	andt an.	(Stote)
Burial	1 10/11/59	9	John Wesley				incess An			nd
23. FUNERAL DIRECTOR'S			ADDRESS -			D BY REGIS	SYRAR 246. REC	GISTRÁR'S SIG	NĂTURE	
Sallen	4 th	E	. I when where we we	di same	32 6/8CT	1 5 '59	0.1	1-04		



Cithun & Thous

DATE (CT 2 2 159

Bradshaw & Sons--Crisfield, Md.

15M 9/58



11833

CERTIFICATE OF DEATH

Don Diet Me

1				N.C	g. Dist. No.				
	1 PLACE OF DEATH o. COUNTY Somerset	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Maryle	ere deceased lived. If institution, f and b COUNTY	Residence before admission) Somerset				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	,	L and give nearest town)					
	Crisfield	3) Crisfield							
	d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 3 Collins St.	d street address 3 Colling St. d is residence ON a farm? YES □ NO □							
		3 Colling St. YES NO							
	3. NAME OF DECEASED (Type or print) First JENNIE	M ddle NETTIE	TURPIN	4. DATE Month OF DEATH October	20 Year 20 19 59				
	5 SEX 6. COLOR OR RACE 7 MARRI Female Negro WIDOWE	The same of the sa	Sept 12, 1870	a tour bringly and	UNDER I YEAR IF UNDER 24 HRS onths Days Hours Min				
	10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired) Oyster & Crab	KIND OF BUSINESS OR INDUS	ISTRY 11. BIRTHPLACE (State or foreign country) Maryland USA						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	Harrison Benston	Marr Furnice							
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address								
	No None 213-05-0103 Maggie Waters, 3 Collins St., Crisfield, Md.								
	18 CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c)]			INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:								
	15/X DUE TO								
	701/								
	Conditions, if any, which (b)								
	cause (o), stating the under-								
	lying cause lost. (c)								
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \subseteq \)								
	PART II. OTHER SIGNIFICANT CONDITIONS C	RIBE HOW INJURY OCCURRED	Enter nature of injury in I	ort I or Port II of item 1B.)					
	3 20c TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e PLA	ACE OF INJURY (Home, form	, 20f. (City or town)	(County) (State)				
	20c TIME OF INJURY Month, Day, Year 20d. IN While p. m 19	(NO) WILLIE }	tory, street, office bldg., etc.	9					
		at wark	N= N						
	21. I certify that I attended the deceased from april 1997, to Oct 20 , 1997, that I last saw the deceased								
	alive an 10-6, 1959, and that death accurred at 1030AM, from the causes and an the date stated above.								
	ADDRESS (Street, city or lown, stote) DATE SIGNED								
	SIGNATURE M.D. Crisfield MN								
	PHYSICIAN'S C. G. Rawley, M. D. Crisfield, Md.								
	220. BURIAL, CREMAT ON, 226 DATE THEREOF	Tee							
	Burial Oct 25, 1959	Ebenezer AME		22d. LOCATION (City, town, or co	ounly) (Stole)				
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	340 PEC*	D BY REGISTRAR 24b. REGISTRA	AR'S SIGNATURE				
	Bradshaw & Sons, Crisfie		DATE OC		7 S. Flines				
			DATE						

may be retained with hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. eath. Poge 4 ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

W

TO HOSPITAL OF

VS A15 (4) 15M 9/5B



VS A1S (4) 15M 9/58 11843 CERTIFI

CERTIFICATE OF DEATH

		_ WAUTU							Keg. Bis. t.			
	a. COUNTY SO.	MER SE T		MARYLA	1 .	JSUAL RESIDENCE (WI	rere deceased	lived If institut b. COUNTY	~	*		
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CRISFIELD. MD. 11 DAYS				1	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) TYLER TON						
7	d NAME OF HOSPIT	AL (If not an hospital, giv		55)		d street address Rura	L			e. IS RESIDENCE ON A FARM? YES NO 2		
	3. NAME OF DECEASED (Type or print)	First L.F.	ENA	Middle Maggie		TYLER	4. DATE OF DEATH	OCTOBE		28 1959		
	S. SEX FEMALE		MARRIED T	NEVER MARRIED DIVORCED [9-	TE OF BIRTH 29-1890		9 AGE (In years fast birthday) 9 yrs.	Manths Day	AR IF UNDER 24 HRS Hours Min.		
	10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSEWIFE Own home				NDUSTRY	11. SIRTHPLACE (State MAR:		U.S.A.				
	13. FATHER'S NAME Franklin JOHN MYERS Marsh				14	14. MOTHER'S MAIDEN NAME RACHEL SMITH						
		15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT NO.								YLAND		
q.		nmediale (My My	(o), (b), and (c).] into llif. intarclia	Del i	ant ufaxet Chron	ie-			SET AND DEATH MUTHURS 8-9 What		
	CATIC	RESIGNIFICANT CONDI	_	RIBUTING TO DEATH	8UT NOT	RELATED TO THE TERM	INAL DISEASE	CONDITION GI	VEN IN PART I(a	19 WAS AUTOPSY PERFORMED? YES NO [4]		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	0b DESCRIBE	HOW INJURY OCC	URRED (En	ter nature of injury in	Parl 1 or Part	If of item 18.)				
	20c. TIME OF INJURY Hour a m. p. m.	Y Manth, Day, Year	While	OCCURRED 20 Not while at work	e PLACE (factory,	OF INJURY (Hame, farm street, affice bldg., etc	20f. (City	ar tawn)	(Caunt	y) (State)		
	21. I certify that I attended the deceased fram. 1977, to Oct 28, 1957, that I last sow the deceased alive an Oct 27, 1957, and that death accurred at 24.7M, fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) C. G. RAWLEY, M.D., CRISFIELD, MARYLAND											
	220 BURIAL, CREMATION BEMOVAL (Specify) BUTIAL	Oct 30, 1		NAME OF CEMETE				ton, Md	or county)	(State)		
	23 FUNERAL DIRECTOR'S	& Sons. Cri		ADDRESS			D BY REGISTE	RAR 24b. REG	Cotton &	4 -		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11828 11844 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission MERSE a COUNTY b. COUNTY < MARYLAND 3020R1 b. CITY OR TOWN (If outside carporote limits, write C JENGTH OF STAY IN 16 OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) KONT d. NAME OF HOSPITAL (If npt in hospital, give street address) d STREET ADDRESS OR INSTITUTION ON A FARM? v. YES NO M 3. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 5. SEX. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days DIVORCED | WIDOWED F 10a USUAL OCCUPATION (Give kind of work done 18b. KIND OF BUSINESS OR INDUSTRY | 11 nay of forking life, even if retired) after 17 INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO attending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Acute pulmonary DUE TO Hypertensive cardiovascular disea e vears Canditians, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost. burial-transit PAST H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HO. 19. WAS AUTOPSY PERFORMED? arteriosclerosis, gangreen left foot YES T NO M 700. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or lawn) (County) (Stole) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 10-16-5919 that I last saw the deceased 21. I certify that I attended the deceased from 3-23-59, and that death occurred at 3PMM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATÉ SIGNED ACTUAL prior Dames Quarter Maryland shauld PHY SICIAN'S C.SutterMD Everett NAME (Type) 229 BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OF CREMENTS 22d LOCATION (City laws, or county) pode (Slpte) EMOVAL (Specif 23. FUNDRAL BIRECTOR'S SIGNATURE ADDRESS 440 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) C. Thur S. Kroud

certificate be

15M 10/57



executed

requires that the death certificate be

Waster Torontell Backet The same of the same of C. T. G. C. SECOF Address of medical to the groups mustaching tall meaning Charles and the state of the con-

CERTIFICATE OF DEATH

11830

	11840		OLICITIC	DAIL OF DEA	111		Reg. Dist.	No.		
o. COUNTY Somerset			MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: o. STATE WATYLAND b. COUNTY					Residence before admission) Somerset		
RURAL and give	N (If autside carporate limits, remearest town) INCESS Anne		4 years	Rural P			RAL and give	nearest taw	m)	
d. NAME OF HOS OR INSTITUTION	SPITAL (If not in haspital, give DN	street oddr	'ess)	d. STREET ADDRESS				e. 15 RE ON / YES	SIDENCE A FARMS	
3. NAME OF DECEASED (Type or print)	John		Hugh	Wilson	4. DATE OF DEATH	Oct	•	29	Year 59	
5. SEX male	white v	VIDOWED E		March 20,	1876	los Boghday)	Months Day		1	
Retired	ATION (Give kind of work do	O1.	of Business OR INI	y Sodus,	New Yo	öřk	12. CIT125	SWHAT	COUNTRY	
13. FATHER'S NAME Tsaac	Wilson			14. MOJHER'S MAIDEN Harrie	t Onde	erdonk			13	
15. WAS DECEASED [Yes, ng. or unknown]	EYER IN U. S. ARMED FORCE			rs. Robert	Buller	: Princ	ëss A	nne,	Md.	
	DEATH [Enter only one cous DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	e per line fo	r (o), (b), and (c).]	Failur	L			INTERVAL BONSET AND		
gove rise to couse (o), stati lying couse to	o immediate DUE TO	ized and	criv 3	cleros	25	34	125			
PART II. () PART III. () PART I	OTHER SIGNIFICANT CONDI	EUT-NOT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIVE	N IN PART 1(AUTOPSY ORMED?			
	WAS UNDERLYING ING CAUSE OF DEATH	Ob. DESCRIBI	E HOW INJURY OCCUP	RED. (Enter nature of injury	in Port I or Port I	It of item 18.)				
20c. TIME OF IN Hour o. (m. 10	20d. INJUI While at work	Not while at work 20e.	PLACE OF INJURY (Home, for factory, street, affice bldg.,		or town)	(Cour	nty)	(State	
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	B. FRAN	12 S	Ganta Gist	MO. Pr	ADDRESS (Stre	he causes and come, city of town, s	nel and	ate state		
DUITAL CREMA	10/31/59		Asbury Ce	or CREMATORY metery		Vernon,		(510	ite)	
23. FUNERAL DIRECT	OR'S SIGNATURE	4	ADDRESS Princess		DV 2 '59		TRAR'S SIGNA			

may be retained by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer debth the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours TO HOSPITAL

VS AIS (4) 15M 9/5B

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death. Page 4

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